My Agent Support
Agent Contracting Kit

Please complete the forms in this document to request appointment to the companies of your choice.

Enclose a copy of your CURRENT E & O Insurance Certificate when you return.
If this coverage is for your corporation be sure you are listed on the document as a named insured.

Any "YES" answers in the Legal Questions section REQUIRE a "Explanation Detail Sheet" be completed for EACH "YES" answer.

Agent Name: _____

Below select your Requested Carriers, Product Areas and States in which you wish to be submitted for appointment.

Preferred Life Carriers

- **American General Life**
- **American National**
- **Ameritas**
- **Columbus Life**
- **Minnesota Life**
- **North American**
- **Principal Life/ Principal National**
- **Symetra**

Preferred Annuity Carriers

- **Athene Annuity**
- **F & G Insurance**
- **North American**
- **Phoenix Life and Annuity**
- **Sentinel Life**

APPROVED CARRIERS

- Accordia Ins Company
- Assurity Life
- AXA
- Baltimore Life
- Banner Life
- Columbian Life
- FSL Fidelity Security Life
- Foresters
- Great American Life
- John Hancock Life
- Lincoln National Life
- Mutual of Omaha insurance
- Company Nationwide
- Protective Life
- Prudential
- State Life Ins Co
- TransAmerica
- VOYA Financial

REQUESTED PRODUCTS

___ Long Term Care
___ Group Life and Health
___ Fixed Life Fixed Annuity
___ Health Disability
___ Accident and Sickness

REQUESTED STATES

_____
_____
_____
_____
_____
_____
_____
_____

Check here if you also submiting New Business: ___

Carrier: _____

Client Name: _____

Social Security #: _____ Gender: ____ Date Of Birth: _____

Resident State Insurance License #: _____ Resident Insurance State:

___ Email: _____

NAME
Last: _____ First: _____ Middle: _____ Title: _____

Phone: _____ Fax: _____ Cell: _____

Marital Status: _____ Spouse Name:_____

Driver's Lic. #: _____ DL State: _____

Residential Address (No PO Boxes) Start Date: _____

Line 1: _____ ***City/State not needed***

Line 2: _____ Zip Code: _____

Doing Business As: ☐ Individual ☐ Business ☐ Entity Solicitor

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Complete only if DBA a Business Entity

Business Name: _____ EIN: _____

Website: _____ Your Title: _____

Phone: _____ Fax:_____

Principal Name: _____ Principal Title: _____

Email: _____

Corporate Address Start Date: _____

Line 1: _____ ***City/State not needed***

Line 2: _____ Zip Code: _____

Mailing Address: ☐ Use Address Below ☐ Use Residence ☐ Use Corporate

Line 1: _____ ***City/State not needed***

Line 2: _____ Zip Code: _____

Legal Questions for Contracting and Appointment Requests

Please answer the following questions. ALL "YES" answers REQUIRE a "Explanation Detail Sheet" be completed

Name: _____

1	Have you ever been charged or convicted of or pleaded guilty or no contest to any Felony, Misdemeanor, federal/state insurance and/or securities or investments regulations and statutes? Have you ever been on probation?	**YES** ☐	**NO** ☐
1a	Have you ever been convicted of or plead guilty or no contest to any Felony?	**YES** ☐	**NO** ☐
1b	Have you ever been convicted of or plead guilty or no contest to any Misdemeanor?	**YES** ☐	**NO** ☐
1c	Have you ever been convicted of or plead guilty or no contest to a violation of federal or state securities or investment related regulation?	**YES** ☐	**NO** ☐
1d	Have you ever been convicted of or plead guilty or no contest to a violation of state insurance department regulations or statutes?	**YES** ☐	**NO** ☐
1e	Has any foreign government, court, regulatory agency, or exchange ever entered an order against you related to investments or fraud?	**YES** ☐	**NO** ☐
1f	Have you ever been charged with a Felony?	**YES** ☐	**NO** ☐
1g	Have you ever been charged with a Misdemeanor?	**YES** ☐	**NO** ☐
1h	Have you ever been on Probation?	**YES** ☐	**NO** ☐
2	Have you ever been or are currently being investigated, have any pending indictments, lawsuits, or have you ever been in a lawsuit with a insurance company?	**YES** ☐	**NO** ☐
2a	Are You currently under investigation by any legal authority?	**YES** ☐	**NO** ☐
2b	Have you been under investigation by any insurance company?	**YES** ☐	**NO** ☐
2c	Have you ever been or are you currently involved in any pending indictments, lawsuits, civil judgments or other legal proceedings, civil or criminal? (you may omit family court)	**YES** ☐	**NO** ☐
2d	Have you ever been named as a defendant or codefendant in a lawsuit, or have you ever sued or been sued by an insurance company?	**YES** ☐	**NO** ☐
3	Have you ever been alleged to have engaged in any fraud?	**YES** ☐	**NO** ☐
4	Have you ever been found to have engaged in any fraud?	**YES** ☐	**NO** ☐
5	Has any insurance or financial services company, or broker-dealer terminated your contract or appointment or permitted you to resign for reason other than lack of sales?	**YES** ☐	**NO** ☐
5a	Were you terminated/resigned because you were accused of violating insurance or investment related statutes, regulations, rules or industry standards of conduct?	**YES** ☐	**NO** ☐
5b	Were you terminated/resigned because you were accused of fraud or the wrongful taking of property?	**YES** ☐	**NO** ☐
5c	Failure to supervise in connection with insurance or investment related statutes, regulations, rules or industry standards of conduct?	**YES** ☐	**NO** ☐
6	Have you ever had an appointment with any insurance company terminated for cause or been denied an appointment?	**YES** ☐	**NO** ☐
7	Does any insurer, injured, or other person claim any commission chargeback or other indebtedness from you as a result of any insurance transactions or business?	**YES** ☐	**NO** ☐

I attest that the information I have provided is true to the best of my knowledge. I acknowledge that if any information changes, I will notify my agency office within 5 days of such change. Further, I understand that my agency may contact me when I need to answer carrier specific questions.

Signature: _____ Date: _____

Legal Questions for Contracting and Appointment Requests

Please answer the following questions. ALL "YES" answers REQUIRE a "Explanation Detail Sheet" be completed

Name: _____

8	Has any lawsuit or claim ever been made against you, your surety company, or errors and omissions insurer arising out of your sales or practices, or, have you been refused surety bonding or E&O coverage?	**YES** ☐	**NO** ☐
8a	Has a bonding or surety company ever denied, paid on or revoked a bond for you?	**YES** ☐	**NO** ☐
8b	Has any Errors & Omissions (E&O) carrier ever denied, paid claims on or cancelled your coverage?	**YES** ☐	**NO** ☐
9	Have you ever had an insurance or securities license denied, suspended, cancelled or revoked?	**YES** ☐	**NO** ☐
10	Has any state or federal regulatory body found you to have been a cause of an investment OR insurance-related business having its authorization to do business denied, suspended, revoked, or restricted?	**YES** ☐	**NO** ☐
11	Has any state or federal regulatory agency revoked or suspended your license as an attorney, accountant, or federal contractor?	**YES** ☐	**NO** ☐
12	Has any state or federal regulatory agency found you to have made a false statement or omission or been dishonest, unfair, or unethical?	**YES** ☐	**NO** ☐
13	Have you ever had any interruptions in licensing?	**YES** ☐	**NO** ☐
14	Has any state, federal or self-regulatory agency filed a complaint against you, fined, sanctioned, censured, penalized or otherwise disciplined you for a violation of their regulations or state or federal statutes? Have you ever been the subject of a consumer initiated complaint?	**YES** ☐	**NO** ☐
14a	Has any regulatory body ever sanctioned, censured, penalized or otherwise disciplined you?	**YES** ☐	**NO** ☐
14b	Has any state, federal or self-regulatory agency filed a complaint against you, fine or sanctioned you?	**YES** ☐	**NO** ☐
14c	Have you ever been the subject of a consumer initiated complaint?	**YES** ☐	**NO** ☐
15	Have you personally or any insurance or securities brokerage firm with whom you have been associated filed a bankruptcy petition or declared bankruptcy?	**YES** ☐	**NO** ☐
15a	Have you personally filed a bankruptcy petition or declared bankruptcy?	**YES** ☐	**NO** ☐
15b	Has any insurance or securities brokerage firm with whom you have been associated filed a bankruptcy petition or been declared bankrupt either during your association or within five years after termination of such association?	**YES** ☐	**NO** ☐
15c	Is the bankruptcy pending?	**YES** ☐	**NO** ☐
16	Are there any unsatisfied judgments, garnishments or liens against you?	**YES** ☐	**NO** ☐
17	Are you connected in any way with a bank, savings & loan association, or other lending or financial institution?	**YES** ☐	**NO** ☐
18	Have you ever used any other names or aliases?	**YES** ☐	**NO** ☐
19	Do you have any unresolved matters pending with the Internal Revenue Service or other taxing authority?	**YES** ☐	**NO** ☐

I attest that the information I have provided is true to the best of my knowledge. I acknowledge that if any information changes, I will notify my agency office within 5 days of such change. Further, I understand that my agency may contact me when I need to answer carrier specific questions.

Signature: _____ Date: _____

Explanation Detail Sheet for "YES" Answers on Legal Questions

Make additional copies for each question answered YES

Question Number: _____ Date of Action: _____

Action:

Reason:

Explanation:

I attest that the information I have provided is true to the best of my knowledge. I acknowledge that if any information changes; I will notify my agency office within 5 days of such change. Further, I understand that my agency may contact me when I need to answer carrier specific questions.

Signature _____ Date: _____

Licenses

Are You a Registered FINRA Rep? ☐ Yes ☐ No

If Yes, Broker/Dealer Name: _____

CRD#: _____ *Completed Date:* _____

Most recent Anti-Money Laundering Training (AML) with: ☐ LIMRA ☐ None ☐ Other

Date Completed: _____ If other, Provider Name: _____

Honors: ☐ CLU ☐ ChFC ☐ CFC ☐ CFP ☐ MDRT ☐ FLMI ☐ NQA

Other: _____

History Employment - Please provide past 5 years of employment history: ***NOTE* Attach additional info if needed**

From: _____ To: _____

Company: _____ Position:_____

Location:_____

From: _____ To: _____

Company: _____ Position:_____

Location:_____

From: _____ To: _____

Company: _____ Position:_____

Location:_____

Address History - Please Provide past 5 years of Address History: ***NOTE* Attach additional info if needed**

Line 1: _____ ***City/State not needed***

Line 2: _____ Zip Code: _____

Start Date: _____ End Date: _____

Line 1: _____ ***City/State not needed***

Line 2: _____ Zip Code: _____

Start Date: _____ End Date: _____

Signature Authorization

PLEASE READ THIS AUTHORIZATION, SIGN IN THE BOX BELOW AND SUBMIT THIS FORM BY FOLLOWING THE INSTRUCTIONS PROVIDED ON THE COVER PAGE.

I, _____, hereby authorize SuranceBay, LLC and its general agency customers (the "Authorized Parties") to affix or append a copy of my signature, as set forth below, to any and all required signature fields on forms and agreements of any insurance carrier (a "Carrier") designated by me through the SureLC software or through any other means, including without limitation, by e-mail or orally. The Authorized Parties shall be permitted to complete and submit all such forms and agreements on my behalf for the purpose of becoming authorized to sell Carrier insurance products. I hereby release, indemnify and hold harmless the Authorized Parties against any and all claims, demands, losses, damages, and causes of action, including expenses, costs and reasonable attorneys' fees which they may sustain or incur as a result of carrying out the authority granted hereunder.

By my signature below, I certify that the information I have submitted to the Authorized Parties is correct to the best of my knowledge and acknowledge that I have read and reviewed the forms and agreements which the Authorized Parties have been authorized to affix my signature. I agree to indemnify and hold any third party harmless from and against any and all claims, demands, losses, damages, and causes of action, including expenses, costs and reasonable attorneys' fees which such third party may incur as a result of its reliance on any form or agreement bearing my signature pursuant to this authorization.

Please sign LARGE in the center below, and stay within the box.

PRODUCERIDXXX

ELECTRONIC FUND TRANSFERS (EFT)

Account Owner Name (Required): _____

Transit/ABA #: _____

Account #: _____

Financial Institution Name: _____

Branch Address:_____

City: _____ State: _____ Zip: _____

Account Type: ◯ Checking ◯ Saving Phone:

By signing below I hereby authorize the Company to initiate credit entries and, if necessary, adjustments for credit entries in error to the checking and/or savings account indicated on this form. This authority is to remain in full effect until the Company has received written notification from me of its termination. I understand that this authorization is subject to the terms of any agent or representative contract, commission agreement, or loan agreement that I may have now, or in the future, with the Company.

Signature:_____ Date: _____

Attach copy of the check here for checking account or deposit slip for saving account:

Credit Report Authorization Form

I hereby authorize Surancebay, LLC, and its customers, which may include insurance providers and general agencies, (collectively, the "Authorized Parties") to review and/or verify any information provided by me or any third party pertaining to me, and to obtain and/or review additional information from any source, including through a consumer report and/or investigative consumer report, whereby information is obtained through credit reporting agencies, previous employers, and regulatory, state and local law enforcement databases and others, for purposes of establishing my eligibility for appointment and retention as an agent or representative of the Authorized Parties.

I further agree that this authorization to obtain a consumer report and other information about me shall be ongoing for any other legitimate purpose consistent with this Authorization Form as determined by the Authorized Parties.

In the event the undersigned resides in a state with a legal requirement to provide a free copy of certain consumer reports, Surancebay, LLC will instruct the applicable consumer reporting agency to send a copy of any such reports obtained hereunder to the address provided below.

The undersigned further waives any right or claim which the undersigned would otherwise have under the Fair Credit Reporting Act in the absence of this continuing consent. A copy of this authorization is as valid as the original.

Acknowledged and agreed to this _____day of _____, 20____, by:

X _____
Signature

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____

Please replace this page with a copy of your CURRENT E&O Certificate.

If this is a certificate for your corporation, please be sure is lists you as a individual named insured.